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PTO/SB/82 (08-03)

Approved for use through 11/30/2005. OMB 0651-0035

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**REVOCATION OF POWER OF  
ATTORNEY and APPOINTMENT OF  
NEW POWER OF ATTORNEY**

Application Number	10/620,164
Filing Date	7/14/2003
First Named Inventor	James A. Rowe
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby revoke all previous powers of attorney given in the above-identified application:

☒ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners at Customer Number: ☒ Please change the correspondence address for the above-identified application to:☐ The address associated with  
Customer Number: 

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Antoinette M. Tease, P.L.L.C.				
Address	PO Box 51016				
Address					
City	Billings	State	MT	Zip	59105
Country	U.S.				
Telephone	(406) 591-3689	Fax	(406) 657-2006		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	James A. Rowe		
Signature	<i>James A. Rowe</i>		
Date	9-16-03	Telephone	(406) 752-0211

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.
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This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (06-03)

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/620,164
Filing Date	7/14/2003
First Named Inventor	James A. Rowe
Title	Medical Tank Strap System
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

☐ Practitioners at Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Antoinette M. Tease	53680

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Antoinette M. Tease, P.L.L.C.				
Address	PO Box 51016				
Address					
City	Billings	State	MT	Zip	59105
Country					
Telephone	(406) 591-3689	Fax	(406) 657-2006		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	James A. Rowe				
Signature	<i>James A. Rowe</i>				
Date	9-16-03	Telephone	(406) 752-0211		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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